B1 (Official Form 1)(4/10)										
United States Bankruptcy C District of Arizona				Court				Volu	ıntary Petit	tion
Name of Debtor (if individual, enter Last, First, Middle): CARGILL, EDWARD K.						ebtor (Spouse OURDES		, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			(includ	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): AKA LOURDES GRAEFIN-VON MATUSCHKA						
Last four digits of Soc. Sec. or Individual-T (if more than one, state all)	axpayer I.D.	(ITIN) No./Co	mplete EIN	(if more	our digits o than one, state	all)	· Individual-	Гахрауег I.D	. (ITIN) No./Comp	lete EIN
Street Address of Debtor (No. and Street, City, and State): 24434 W, QUAILS NEST LANE WITTMANN, AZ ZIP Code			Street 244	Street Address of Joint Debtor (No. and Street, City, and State): 24434 W, QUAILS NEST LANE WITTMANN, AZ ZIP Code						
County of Residence or of the Principal Pla MARICOPA	e of Busines		361		y of Reside	ence or of the	Principal Pl	ace of Busine	8536	,,
Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): ZIP Code				or (if differe	nt from stree	,	P Code			
Location of Principal Assets of Business Debtor (if different from street address above):										
Type of Debtor (Form of Organization) (Check one box) ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entit check this box and state type of entity below.	Sin in 1	☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☐ Other ☐ Tax-Exempt Entity		defined	oter 9			ion g arily		
Filing Fee (Check one box) Full Filing Fee attached Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. Check one box: Chapter 11 Debtors Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or a are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years). Check all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).				1D). wed to insiders or aff d every three years th						
Statistical/Administrative Information Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					LY					
Estimated Number of Creditors	1,000- 5,000		0,001- 2] 25,001- 60,000	50,001- 100,000	OVER 100,000				
Estimated Assets Story S50,000 S100,000 S500,000 S500,00	\$1,000,001 to \$10 million	to \$50 to	50,000,001 \$ o \$100 to	100,000,001 5 \$500 nillion	\$500,000,001 to \$1 billion					
Estimated Liabilities	\$1,000,001 to \$10 million	to \$50 to	50,000,001 \$ 0 \$100 to	100,000,001 o \$500 nillion	\$500,000,001 to \$1 billion	More than \$1 billion				

B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition CARGILL, EDWARD K. CARGILL, LOURDES C. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Date Filed: Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. \mathbf{X} /s/ JONATHAN ELGART May 17, 2011 (Date) Signature of Attorney for Debtor(s) **JONATHAN ELGART 024375** Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and П Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

after the filing of the petition.

B1 (Official Form 1)(4/10) Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ EDWARD K. CARGILL

Signature of Debtor EDWARD K. CARGILL

X /s/ LOURDES C. CARGILL

Signature of Joint Debtor LOURDES C. CARGILL

Telephone Number (If not represented by attorney)

May 17, 2011

Date

Signature of Attorney*

X /s/ JONATHAN ELGART

Signature of Attorney for Debtor(s)

JONATHAN ELGART 024375

Printed Name of Attorney for Debtor(s)

DAVID WROBLEWSKI & ASSOCIATES, P.C.

Firm Name

20 EAST THOMAS ROAD SUITE 2400 PHOENIX, AZ 85012

Address

Telephone Number

May 17, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

CARGILL, EDWARD K. CARGILL, LOURDES C.

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

_	_
•	,
	L

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

·	

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

In re	EDWARD K. CARGILL LOURDES C. CARGILL		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

statement.] [Must be accompanied by a motion for de	nseling briefing because of: [Check the applicable etermination by the court.] 109(h)(4) as impaired by reason of mental illness or				
¥ • · ·	lizing and making rational decisions with respect to				
financial responsibilities.);					
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or					
through the Internet.); □ Active military duty in a military combat zone.					
Active inintary duty in a inintary co	onioat zone.				
☐ 5. The United States trustee or bankruptcy a requirement of 11 U.S.C. § 109(h) does not apply in the state of the state	administrator has determined that the credit counseling this district.				
I certify under penalty of perjury that the i	information provided above is true and correct.				
Signature of Debtor:	/s/ EDWARD K. CARGILL				
	EDWARD K. CARGILL				
Date: May 17, 2011					

Certificate Number: 01401-AZ-CC-014750259



CERTIFICATE OF COUNSELING

I CERTIFY that on May 4, 2011, at 9:10 o'clock PM EDT, Lourdes C Cargill received from GreenPath, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Arizona, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 4, 2011 By: /s/Candy Wright for Sarah Langley

Name: Sarah Langley

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 01401-AZ-CC-014750260



CERTIFICATE OF COUNSELING

I CERTIFY that on May 4, 2011, at 9:10 o'clock PM EDT, Edward K Cargill received from GreenPath, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Arizona, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 4, 2011 By: /s/Candy Wright for Sarah Langley

Name: Sarah Langley

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

In re	EDWARD K. CARGILL LOURDES C. CARGILL		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of realizing and making rational decisions with respect to
financial responsibilities.);
± · · · · · · · · · · · · · · · · · · ·
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being
unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or
through the Internet.);
☐ Active military duty in a military combat zone.
□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.
I certify under penalty of perjury that the information provided above is true and correct.
Signature of Debtor: /s/ LOURDES C. CARGILL
LOURDES C. CARGILL
Date: May 17, 2011

In re	EDWARD K. CARGILL,		Case No.		
	LOURDES C. CARGILL				
_		Debtors	Chapter	7	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	160,000.00		
B - Personal Property	Yes	4	19,500.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		479,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12		199,784.43	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,739.61
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,743.74
Total Number of Sheets of ALL Schedu	ıles	25			
	To	otal Assets	179,500.00		
			Total Liabilities	678,784.43	

In re	EDWARD K. CARGILL,		Case No.		
_	LOURDES C. CARGILL	,			
		Debtors	Chapter	7	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	1,892.25
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	1,892.25

State the following:

Average Income (from Schedule I, Line 16)	3,739.61
Average Expenses (from Schedule J, Line 18)	3,743.74
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	3,997.42

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		319,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		199,784.43
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		518,784.43

EDWARD K. CARGILL, LOURDES C. CARGILL

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
SINGLE FAMILY RESIDENCE: Location: 24434 W, QUAILS NEST LANE, WITTMANN AZ 85361	FEE SIMPLE	W	120,000.00	360,000.00
SINGLE FAMILY RESIDENCE: 510 BASS ROAD, WICKENBERG, AZ 85390 VACANT	FEE SIMPLE	W	40,000.00	119,000.00

Sub-Total > 160,000.00 (Total of this page)

160,000.00 Total >

In	re		Е	D
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EDWARD K. CARGILL, LOURDES C. CARGILL

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	X			
2.	Checking, savings or other financial accounts, certificates of deposit, or charge in health sources and loop		JS BANK CHECKING ACCOUNT	С	300.00
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		JS BANK SAVINGS ACCOUNT	С	0.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.	C C C r s n	HOUSEHOLD GOODS AND APPLIANCES Dining room table and four chairs, two living room couches, one living room chair, two living room coffee and end tables, two lamps, two beds, two nightstands, dresser, bedroom lamps, television, stereo, two clock radios, stove, refrigerator, microwave, dishwasher, washing machine, dryer, vacuum cleaner.	C	2,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.	C	CLOTHING	С	425.00
7.	Furs and jewelry.	٧	WEDDING RINGS	С	200.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or	_	WHOLE LIFE INSURANCE WITH MIDLAND NATIONAL LIFE	W	1,000.00
	refund value of each.		TERM LIFE INSURANCE - NO CASH VALUE WITH MIDLAND NATIONAL LIFE	W	0.00
				Sub-Total of this page)	al > 4,425.00

³ continuation sheets attached to the Schedule of Personal Property

In re	EDWARD K. CARGILL
	LOURDES C. CARGILI

Case No.	
Case No.	

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	(Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
			TERM LIFE INSURANCE - NO CASH VALUE WITH GLOBE LIFE		Н	0.00
10.	Annuities. Itemize and name each issuer.	X				
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X				
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IRA		W	8,000.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X				
14.	Interests in partnerships or joint ventures. Itemize.	X				
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X				
16.	Accounts receivable.	X				
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X				
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X				
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X				
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X				
			(Total o	Sub-Tota f this page)	al > 8,000.00

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

In re	EDWARD K. CARGILL
	LOURDES C. CARGILI

Case No.		
Case INU.		

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.		REAL ESTATE LICENSE	Н	0.00
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		2004 VW PASSAT 50,000 MILES	W	4,875.00
			1974 LAND ROVER - NOT REGISTERED, NOT RUNNING, NOT RESTORED	С	2,000.00
26.	Boats, motors, and accessories.		BOAT - OLD FISHING BOAT - POOR CONDITION	С	100.00
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and		HOME COMPUTER	С	50.00
	supplies.		HOME COMPUTER	С	50.00
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
			_	Sub-Tota	al > 7,075.00
			(Tota	al of this page)	

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re	EDWARD K. CARGILL,
	LOURDES C. CARGILL

Case No.	
Case INU.	

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	Х			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 0.00 (Total of this page)

Total > 19,500.00

Sheet $\underline{\mathbf{3}}$ of $\underline{\mathbf{3}}$ continuation sheets attached to the Schedule of Personal Property

EDWARD K. CARGILL, LOURDES C. CARGILL

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled to (Check one box) ☐ 11 U.S.C. \$522(b)(2) ☐ 11 U.S.C. \$522(b)(3)		mption that exceeds /13, and every three years thereafi or after the date of adjustment.)	
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property SINGLE FAMILY RESIDENCE: Location: 24434 W, QUAILS NEST LANE, WITTMANN AZ 85361	Ariz. Rev. Stat. § 33-1101(A) 150,000.00	120,000.00
Checking, Savings, or Other Financial Accounts, C US BANK CHECKING ACCOUNT	Certificates of Deposit Ariz. Rev. Stat. § 33-1126(A)(9) 300.00	300.00
Household Goods and Furnishings HOUSEHOLD GOODS AND APPLIANCES Dining room table and four chairs, two living room couches, one living room chair, two living room coffee and end tables, two lamps, two beds, two nightstands, dresser, bedroom lamps, television, stereo, two clock radios, stove, refrigerator, microwave, dishwasher, washing machine, dryer, vacuum cleaner.	Ariz. Rev. Stat. § 33-1123	8,000.00	2,500.00
Wearing Apparel CLOTHING	Ariz. Rev. Stat. § 33-1125(1)	1,000.00	425.00
Furs and Jewelry WEDDING RINGS	Ariz. Rev. Stat. § 33-1125(4)	2,000.00	200.00
Interests in Insurance Policies WHOLE LIFE INSURANCE WITH MIDLAND NATIONAL LIFE	Ariz. Rev. Stat. § 20-1131	100%	1,000.00
TERM LIFE INSURANCE - NO CASH VALUE WITH MIDLAND NATIONAL LIFE	Ariz. Rev. Stat. § 20-1131	100%	0.00
TERM LIFE INSURANCE - NO CASH VALUE WITH GLOBE LIFE	Ariz. Rev. Stat. § 20-1131	100%	0.00
Interests in IRA, ERISA, Keogh, or Other Pension o	or Profit Sharing Plans Ariz. Rev. Stat. § 33-1126B	100%	8,000.00
Automobiles, Trucks, Trailers, and Other Vehicles 2004 VW PASSAT 50,000 MILES	Ariz. Rev. Stat. § 33-1125(8)	5,000.00	4,875.00
1974 LAND ROVER - NOT REGISTERED, NOT RUNNING, NOT RESTORED	Ariz. Rev. Stat. § 33-1125(8)	5,000.00	2,000.00

Total: 180,300.00 139,300.00

EDWARD K. CARGILL, LOURDES C. CARGILL

Case No.	
Case 110.	

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu: H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	N T L N G	DNLLQULDA	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxx1215			9/05	T	DATED			
AMERICAS SERVICING CO. P.O. BOX 60768 LOS ANGELES, CA 90060-0768		С	FIRST MORTGAGE SINGLE FAMILY RESIDENCE: 510 BASS ROAD, WICKENBERG, AZ 85390 VACANT		D			
			Value \$ 40,000.00				119,000.00	79,000.00
Account No. xxxxxx4545			6/07					
CHASE MORTGAGE P.O. BOX 78420 PHOENIX, AZ 85062-8420		С	FIRST MORTGAGE SINGLE FAMILY RESIDENCE: Location: 24434 W, QUAILS NEST LANE, WITTMANN AZ 85361					
			Value \$ 120,000.00				360,000.00	240,000.00
Account No.			Value \$					
Account No.								
			Value \$					
continuation sheets attached			Subtotal (Total of this page)				479,000.00	319,000.00
	Total (Report on Summary of Schedules)					_	479,000.00	319,000.00

EDWARD K. CARGILL, LOURDES C. CARGILL

Case No.		

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H." "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
□ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
□ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
□ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
□ Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
□ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

continuation sheets attached

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re

EDWARD K. CARGILL, LOURDES C. CARGILL

Case No.	

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

			<u> </u>					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C		I N G	N L L Q U	SPUTED	S P U T E	AMOUNT OF CLAIM
Account No. xxxx1009			10/94	Ϊ	T E			
AMERICAN EXPRESS C/O PHILLIPS & COHEN ASSOCIATES, LTD. 258 CHAPMAN RD. #205 NEWARK, DE 19702-5446		С	REVOLVING CHARGE ACCOUNT		D			1,297.32
Account No.						Γ	T	
NATIONWIDE CREDIT 2015 VAUGHN RD NW BLD 400 KENNESAW, GA 30144-7801			Additional Notice: AMERICAN EXPRESS					Notice Only
Account No.						Γ	Т	
NCO FINANCIAL SYSTEMS, INC. 1804 WASHINGTON BLVD. DEPT. 500 BALTIMORE, MD 21230			Additional Notice: AMERICAN EXPRESS					Notice Only
Account No. x2430			MEDICAL SERVICES			T	Ť	
ARIZONA CENTER FOR HAND SURGERY PO BOX 7587 PHOENIX, AZ 85011		С						
						L	\perp	1,322.00
			(Total of t	Subt his)	2,619.32

In re	EDWARD K. CARGILL,	Case No.
	LOURDES C. CARGILL	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ğ	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J M H	IS SUBJECT TO SETOFF, SO STATE.	CONFLEGEN	NL I QU I DA	S P U T E	AMOUNT OF CLAIM
Account No. xxx9347			REVOLVING CHARGE ACCOUNT	⊺	D A T E D		
ARROW FINANCIAL SERVICES-GE MONEY 5996 W TOUHY AVE Niles, IL 60714-4610		С			D		3,176.81
Account No.							
NORTHLAND GROUP PO BOX 390846 MAILE CODE TB1 MINNEAPOLIS, MN 55439			Additional Notice: ARROW FINANCIAL SERVICES-GE MONEY				Notice Only
Account No. xxxxxx1215			FORECLOSURE				
ASC P.O. BOX 60768 LOS ANGELES, CA 90060		С					119,000.00
Account No. xxxx9348			MEDICAL SERVICES	T	T		
BANNER GOOD SAMARITAN MEDICAL CENTER PO BOX 18 PHOENIX, AZ 85001		С					2,782.67
Account No. xxx0794	T		COLLECTING FOR: MEDICAL	T	T		
BUREAU OF MEDICAL ECONOMICS 326 EAST CORONADO ROAD PHOENIX, AZ 85004		С					894.00
Sheet no1 of _11_ sheets attached to Schedule of				Subi			125,853.48
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	

In re	EDWARD K. CARGILL,
	LOURDES C. CARGILL

Case No.	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H V	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	DNLLQULDATED	SPUTE	AMOUNT OF CLAIM
Account No. xxxxxxxx1457			4/10 COLLECTIONS	Ľ	Ę D		_
CACH LLC 370 17TH STREET STE 5000 DENVER, CO 80202		С					3,344.55
Account No.	┝			+	\vdash		3,544.35
LAW OFFICE JOE PEZZUTO LLC 4013 E. BROADWAY RD., SUITE A-2 PHOENIX, AZ 85040			Additional Notice: CACH LLC				Notice Only
Account No.							
LAW OFFICES OF DAVID SEAN DUFEK 2655 CAMINO DEL RIO NORTH SUITE 110 San Diego, CA 92108			Additional Notice: CACH LLC				Notice Only
Account No. xxxxxxxx9866			4/10 COLLECTIONS				
CACH LLC 370 17TH STREET STE 5000 DENVER, CO 80202		С					5,254.21
Account No.	1			\dagger	T		
LAW OFFICE JOE PEZZUTO LLC 4013 E. BROADWAY RD., SUITE A-2 PHOENIX, AZ 85040			Additional Notice: CACH LLC				Notice Only
Sheet no. 2 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subt			8,598.76

In re	EDWARD K. CARGILL,
	LOURDES C. CARGILL

Case No.	

CREDITOR'S NAME,	C	Ηu	sband, Wife, Joint, or Community	Č	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATED	T	AMOUNT OF CLAIM
Account No.				Ť	E		
ROGERS LAW OFFICE 13057 W CENTER RD SUITE 5 OMAHA, NE 68144			Additional Notice: CACH LLC		D		Notice Only
Account No. xxxxxxxx9589			4/10				
CACH LLC 370 17TH STREET STE 5000 DENVER, CO 80202		С	COLLECTIONS				
				L	\perp		15,100.00
Account No. LAW OFFICES OF ED OVERCASH, LLC 33 VILLA ROAD, SUITE 401 GREENVILLE, SC 29615			Additional Notice: CACH LLC				Notice Only
Account No. xxxx-xxxx-xxxx-2932			6/07				
CAPITAL ONE 15000 CAPITAL ONE DR RICHMOND, VA 23238		С	REVOLVING LINE OF CREDIT				828.00
Account No.				T	T		
ALLIED INTERSTATE INC 435 FORD RD STE 800 MINNEAPOLIS, MN 55426-1066			Additional Notice: CAPITAL ONE				Notice Only
Sheet no. 3 of 11 sheets attached to Schedule of				Subi			15,928.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nis	pag	ge)	1

In re	EDWARD K. CARGILL,	Case No.
	LOURDES C. CARGILL	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UNL I QUTED CODEBTOR CREDITOR'S NAME, ONTINGENT **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM C AMOUNT OF CLAIM AND ACCOUNT NUMBER IS SUBJECT TO SETOFF, SO STATE. (See instructions above.) 4/07 Account No. xxxx-xxxx-xxxx-9512 **REVOLVING LINE OF CREDIT CAPITAL ONE** С 15000 CAPITAL ONE DR **RICHMOND, VA 23238** 1,034.00 Account No. **NELSON, WATSON & ASSOCIATES** Additional Notice: LLC **CAPITAL ONE Notice Only PO BOX 1299** HAVERHILL, MA 01831 4/04 Account No. xxxx-xxxx-6134 **CONSUMER DEBT** CHASE C **CARDMEMBER SERVICE** P.O. BOX 94014 **PALATINE, IL 60094-4014** 1,892.25 Account No. CHASE **Additional Notice: ACCOUNT INQUIRIES** CHASE **Notice Only** PO BOX 15298 **WILMINGTON, DE 19850-5298** Account No. **NATIONWIDE CREDIT Additional Notice:** PO BOX 740640 CHASE **Notice Only** ATLANTA, GA 30374-0640 Sheet no. 4 of 11 sheets attached to Schedule of Subtotal 2,926.25

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

In re	EDWARD K. CARGILL,	Case No.
	LOURDES C. CARGILL	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UNL I QUTED CODEBTOR CREDITOR'S NAME, ONTINGENT **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM AMOUNT OF CLAIM AND ACCOUNT NUMBER J IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. **NCO FINANCIAL** Additional Notice: **PO BOX 15740** CHASE **Notice Only WILMINGTON, DE 19850-5740** Account No. xxxx-xxxx-y981 5/95 **CONSUMER DEBT** С **BANKRUPTCY DEPARTMENT 7920 NW 110TH STREET** KANSAS CITY, MO 64153 6.570.00 Account No. **CLIENT SERVICES Additional Notice:** 3451 HARRY TRUMAN BLVD. CITI **Notice Only** SAINT CHARLES, MO 63301 Account No. **CLIENT SERVICES/CITICARDS Additional Notice:** PO BOX 1503 **Notice Only SAINT PETERS, MO 63376-0027** Account No. MONARCH RECOVERY **Additional Notice:** MANAGEMENT, INC CITI **Notice Only 10965 DECATUR ROAD** Philadelphia, PA 19154 Sheet no. 5 of 11 sheets attached to Schedule of Subtotal 6,570.00

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

In re	EDWARD K. CARGILL,	Case No.	
	LOURDES C. CARGILL		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

(Communion Silver)

CREDITOR'S NAME,	COD		sband, Wife, Joint, or Community	CONT	U N L	I S	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	TINGENT	ΙQ	P U T	
Account No. xxxx-xxxx-xxxx-9214			1/03	٦Ÿ	T E D		
CITI BANKRUPTCY DEPARTMENT 7920 NW 110TH STREET KANSAS CITY, MO 64153		С	CONSUMER DEBT		D		1,580.71
Account No.				T	T	T	
UNTIED RECOVERY SYSTEMS, LP 5800 N COURSE DR HOUSTON, TX 77072			Additional Notice: CITI				Notice Only
Account No.			6/10	T			
CITIMORTGAGE 1000 TECHNOLOGY DR. MS 514 O FALLON, MO 63368		С	FORECLOSURE - NOTICE ONLY OSBORN ROAD, PHOENIX				0.00
Account No. xxxx9348	┢		COLLECTING FOR: MEDICAL	+	+	t	
COLLECTION SERVICE BUREAU P.O. BOX 310 SCOTTSDALE, AZ 85252-0310		С					2,782.67
Account No. xxxx73-00			MEDICAL SERVICES	+	\dagger	+	
DAWN J. MCGINNIS, MD P O BOX 36680 PHOENIX, AZ 85067-6680		С					336.00
Sheet no6 of _11 sheets attached to Schedule of	-	_	,	Sub			4,699.38
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pas	ge)	1,000.00

ln re	EDWARD K. CARGILL,
	LOURDES C. CARGILL

Case No.	

CREDITOR'S NAME,	C	Нι	usband, Wife, Joint, or Community	Ç	U N	D I	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINUE	RL I QU I DATED	SPUTE	AMOUNT OF CLAIM
Account No. xx2311			MEDICAL SERVICES	٦	E		
DESERT VISTA MEDICAL ASSOCIATES 10900 N SCOTTSDALE RD #603 SCOTTSDALE, AZ 85254		С			В		220.00
Account No. xxx0590			7/94				
DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE 19850-5316		С	CONSUMER DEBT				
							13,519.00
Account No. CAPITAL MANAGEMENT SERVICES 700 EXECUTIVE CENTER DR., SUITE 300 Greenville, SC 29615			Additional Notice: DISCOVER FIN SVCS LLC				Notice Only
Account No. ENCORE RECEIVABLE MANAGEMENT PO BOX 1880 Southgate, MI 48195			Additional Notice: DISCOVER FIN SVCS LLC				Notice Only
Account No. FMA ALLIANCE LTD PO BOX 2409 HOUSTON, TX 77252-2409			Additional Notice: DISCOVER FIN SVCS LLC				Notice Only
Sheet no. <u>7</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub his			13,739.00

In re	EDWARD K. CARGILL,	Case No.
	LOURDES C. CARGILL	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UNLIQUIDATED CODEBTOR CREDITOR'S NAME, ONTINGENT **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM AMOUNT OF CLAIM AND ACCOUNT NUMBER J IS SUBJECT TO SETOFF, SO STATE. С (See instructions above.) Account No. **REDLINE RECOVERY** Additional Notice: 11675 RAINWATER DRIVE **DISCOVER FIN SVCS LLC Notice Only SUITE 350 ALPHARETTA, GA 30009-8693** Account No. xxxx-xxxx-xxxx-5466 **REVOLVING LINE OF CREDIT HSBC** С ATTN: BANKRUPTCY DEPARTMENT PO BOX 5213 **CAROL STREAM, IL 60197** 5.695.16 Account No. JAMES A. WEST, P.C. **Additional Notice:** 11111 HARWIN DR **HSBC Notice Only HOUSTON, TX 77072-1612** Account No. JOHN P. FRYE, PC **Additional Notice:** PO BOX 13665 **HSBC Notice Only ROANOKE, VA 24036-3665** Account No. MIDLAND CREDIT MANAGEMENT **Additional Notice: DEPARTMENT 8870 HSBC Notice Only** LOS ANGELES, CA 90084-8870 Sheet no. **8** of **11** sheets attached to Schedule of Subtotal 5.695.16

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

n re	EDWARD K. CARGILL,
	LOURDES C. CARGILL

Case No.	

MALLING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. UNITED RECOVERY SYSTEMS P.O. BOX 722929 HOUSTON, TX 77272-2929 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS, OH 43236 Account No. XXXX-XXXX-XXXX-4412 HSBC BANK PO BOX 361774 COLUMBUS, OH 43236 Account No. XXXX-XXXX-XXXX-4412 HSBC BANK Account No. XXXX-XXXX-XXXX-4412 HSBC BANK Account No. Accou	CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	į	D I	
Account No. UNITED RECOVERY SYSTEMS P.O. BOX 722929 HOUSTON, TX 77272-2929 Account No. XXXX-XXXX-XXXX-6790 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS, OH 43236 Account No. XXXX-XXXX-XXXX-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. XXXX-XXXX-XXXX-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. Additional Notice: HSBC BANK Notice Only Notice Only Notice Only Notice Only Notice Only Notice Only	MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	W J	CONSIDERATION FOR CLAIM. IF CLAIM	E N		G	S P U T E	AMOUNT OF CLAIM
UNITED RECOVERY SYSTEMS P.O. BOX 722929 HOUSTON, TX 77272-2929 Account No. XXXX-XXXX-XXXX-6790 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS, OH 43236 Account No. XXXX-XXXX-XXXX-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. TX 77272-2929 Additional Notice: HSBC BANK Notice Only Account No. Account No. XXXXX-XXXXX-XXXX-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. LEADING EDGE RECOVERY S440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 Sheet no. 9 of 11 sheets attached to Schedule of Subtotal	Account No.				٦	I			
HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS, OH 43236 Account No. xxxx-xxxx-xxxx-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 Sheet no. 9 of 11 sheets attached to Schedule of Subtotal	P.O. BOX 722929								Notice Only
HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 C Account No. ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS, OH 43236 Account No. xxxx-xxxx-xxxx-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 C C C Additional Notice: HSBC BANK Additional Notice: HSBC BANK Additional Notice: HSBC BANK Notice Only	Account No. xxxx-xxxx-6790								
Account No. ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS, OH 43236 Account No. xxxx-xxxx-xxxx-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 Additional Notice: HSBC BANK Notice Only Additional Notice: HSBC BANK Notice Only Additional Notice: HSBC BANK Notice Only	PO BOX 15521		С	REVOLVING CHARGE ACCOUNT					290 44
ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS, OH 43236 Account No. xxxx-xxxx-4412 HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 Additional Notice: HSBC BANK Additional Notice: HSBC BANK Additional Notice: HSBC BANK Notice Only Additional Notice: HSBC BANK Notice Only	A (N	_			+	+	+	_	230.44
HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 Sheet no. 9 of 11 sheets attached to Schedule of Subtotal	ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774								Notice Only
HSBC BANK PO BOX 15521 WILMINGTON, DE 19850 Account No. LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 Sheet no. 9 of 11 sheets attached to Schedule of Subtotal	Account No. xxxx-xxxx-x4412			1					
LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 Chicago, IL 60656-1490 Sheet no. 9 of 11 sheets attached to Schedule of Subtotal	PO BOX 15521		С	REVOLVING CHARGE ACCOUNT					1,124.08
Sheet no. 9 of 11 sheets attached to Schedule of Subtotal	Account No.						T		
Sheet no. 9 of 11 sheets attached to Schedule of Subtotal	5440 N CUMBERLAND AVE STE 300								Notice Only
Creditors Holding Unsecured Nonpriority Claims (Total of this page)				to late1)				- 1	1,414.52

In re	EDWARD K. CARGILL,	Case No.
	LOURDES C. CARGILL	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	Q	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxx4420			10/01]⊤	T		
SHELL/CITI BANKRUPTCY DEPARTMENT P O BOX 20374 KANSAS CITY, MO 64195		С	CONSUMER DEBT		D		1,494.00
Account No. xxxxxxxxxxxx0698			7/01	T		T	
THD/CBSD P. O. BOX 6003 Hagerstown, MD 21747		С	CONSUMER DEBT				
							951.00
Account No.				T		T	
CAPITAL MANAGEMENT SERVICES 700 EXECUTIVE CENTER DR., SUITE 300 Greenville, SC 29615			Additional Notice: THD/CBSD				Notice Only
Account No.				T	t	T	
CBE GROUP 131 TOWER PARK DR. STE 100 PO BOX 2635 WATERLOO, IA 50704-2635			Additional Notice: THD/CBSD				Notice Only
Account No. xxxx-xxxx-6050			2/04	T	T	T	
WELLS FARGO P.O. BOX 9210 DES MOINES, IA 50306		С	CONSUMER DEBT				9,295.56
Sheet no. 10 of 11 sheets attached to Schedule of		_	<u> </u>	L Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				11,740.56

In re	EDWARD K. CARGILL,	Case No
	LOURDES C. CARGILL	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	QULD	ISPUTED	AMOUNT OF CLAIM
Account No.				T	Ā		
D. MICHAEL DENDY 110 VETERANS BLVD, #560 Metairie, LA 70005			Additional Notice: WELLS FARGO		E D		Notice Only
Account No.				T			
SENTRY CREDIT, INC 2809 GRAND AVE Everett, WA 98201			Additional Notice: WELLS FARGO				Notice Only
Account No.				T			
Account No.							
Account No.							
Sheet no. 11 of 11 sheets attached to Schedule of				Subt			0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t				0.00
			(Report on Summary of So		Tota lule		199,784.43

EDWARD K. CARGILL, LOURDES C. CARGILL

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

VERIZON 404 BROCK DRIVE BLOOMINGTON, IL 61701 **CELLULAR PHONE CONTRACT, EXPIRES 4/13**

n	re

EDWARD K. CARGILL, LOURDES C. CARGILL

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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	EDWARD K. CARGILL
n re	LOURDES C. CARGILL

	Case
Debtor(s)	

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status:	DEPENDENT	S OF DEBTOR AND S	POUSE		
Married	RELATIONSHIP(S): None.	AGE(S):			
Employment:	DEBTOR		SPOUSE		
Occupation	REPAIRS		22 2 2 2 2		
Name of Employer	SEARS	RETIRED			
How long employed	2 YEARS				
Address of Employer	952 E. BASELINE MESA, AZ 85204				
INCOME: (Estimate of avera	ge or projected monthly income at time case filed)	•	DEBTOR		SPOUSE
1. Monthly gross wages, salar	y, and commissions (Prorate if not paid monthly)	\$ _	3,305.29	\$	0.00
2. Estimate monthly overtime		\$ _	0.00	\$	0.00
3. SUBTOTAL		\$_	3,305.29	\$	0.00
4. LESS PAYROLL DEDUC	TIONS				
 Payroll taxes and soci 	al security	\$ _	401.09	\$	0.00
b. Insurance		\$	513.59	\$	0.00
c. Union dues		\$ _	0.00	\$	0.00
d. Other (Specify):			0.00	\$	0.00
			0.00	\$	0.00
5. SUBTOTAL OF PAYROL	L DEDUCTIONS	\$_	914.68	\$	0.00
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$_	2,390.61	\$	0.00
7. Regular income from opera	tion of business or profession or farm (Attach detailed st	atement) \$_	0.00	\$	0.00
8. Income from real property		\$	0.00	\$	0.00
Interest and dividends		\$	0.00	\$	0.00
dependents listed above	support payments payable to the debtor for the debtor's u	se or that of	0.00	\$	0.00
11. Social security or governm		Φ.	0.00	Ф	000.00
	SECURITY		0.00	\$ <u></u>	693.00
	OYMENT	<u>\$</u>	0.00	\$ \$	656.00
12. Pension or retirement inco	ome	» –	0.00	» —	0.00
13. Other monthly income (Specify):		¢	0.00	\$	0.00
(Specify).			0.00	ς —	0.00
		Ψ	0.00	Ψ	0.00
14. SUBTOTAL OF LINES 7	THROUGH 13	\$_	0.00	\$	1,349.00
15. AVERAGE MONTHLY I	INCOME (Add amounts shown on lines 6 and 14)	\$_	2,390.61	\$	1,349.00
16. COMBINED AVERAGE	MONTHLY INCOME: (Combine column totals from lin	ne 15)	\$	3,739.	61

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: NONE.

Iı

EDWARD	K.	CARGIL	L
LOURDES	SC	CARGI	П

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

\square Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."	ete a separat	e schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,242.24
a. Are real estate taxes included? Yes No _X_	' 	•
b. Is property insurance included? Yes No X		
2. Utilities: a. Electricity and heating fuel	\$	275.00
b. Water and sewer	\$	72.00
c. Telephone	\$	0.00
d. Other See Detailed Expense Attachment	\$	220.00
3. Home maintenance (repairs and upkeep)	\$	100.00
4. Food	\$	528.00
5. Clothing	\$	130.00
6. Laundry and dry cleaning	\$	35.00
7. Medical and dental expenses	\$	75.00
8. Transportation (not including car payments)	\$	300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	200.00
10. Charitable contributions	\$	50.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	35.00
b. Life	\$	193.50
c. Health	\$	0.00
d. Auto	\$	84.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) PROPERTY TAX RESERVE	\$	84.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the		
plan)		
a. Auto	\$	0.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other EMERGENCY/CONTINGENCY	\$	120.00
Other	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and,	\$	3,743.74
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
tono ning the ming of this document.		
20. STATEMENT OF MONTHLY NET INCOME	-	
a. Average monthly income from Line 15 of Schedule I	\$	3,739.61
b. Average monthly expenses from Line 18 above	\$	3,743.74
c Monthly net income (a minus b)	\$	-4.13

B6J	(Official Form	6J)	(12	/07)	

In re EDWARD K. CARGILL LOURDES C. CARGILL

Case No.	

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Detailed Expense Attachment

Other Utility Expenditures:

CABLE	\$ 25.00
TELEPHONE/INTERNET BUNBLE	\$ 110.00
CELL PHONE	\$ 85.00
Total Other Utility Expenditures	\$ 220.00

United States Bankruptcy Court District of Arizona

In re	EDWARD K. CARGILL LOURDES C. CARGILL		Case No.		
		Debtor(s)	Chapter	7	

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	I declare under penalty of perjury t sheets, and that they are true and correct to t		ad the foregoing summary and schedules, consisting of	27
Date	May 17, 2011	Signature	/s/ EDWARD K. CARGILL EDWARD K. CARGILL Debtor	
Date	May 17, 2011	Signature	/s/ LOURDES C. CARGILL LOURDES C. CARGILL Joint Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court District of Arizona

In re	EDWARD K. CARGILL LOURDES C. CARGILL		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$13,409.35	2011 YTD HUSBAND EMPLOYMENT INCOME
\$42,836.00	2010 BOTH EMPLOYMENT INCOME
\$49,015.00	2009 BOTH EMPLOYMENT INCOME

COLIDCE

AMOUNT

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$767.00	2011 BOTH FEDERAL TAX REFUND - FOR TAX YEAR 2010
\$993.00	2010 BOTH FEDERAL TAX REFUND - FOR TAX YEAR 2009
\$841.00	2009 BOTH FEDERAL TAX REFUND - FOR TAX YEAR 2008
\$311.00	2011 BOTH STATE TAX REFUND - FOR TAX YEAR 2010
\$222.00	2010 BOTH STATE TAX REFUND - FOR TAX YEAR 2009
\$249.00	2009 BOTH STATE TAX REFUND - FOR TAX YEAR 2008
\$1,000.00	2010 H REAL ESTATE COMMISSION

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts*. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
PAYMENTS
AMOUNT PAID
OWING
CITIMORTGAGE
7/10 - 9/10
1000 TECHNOLOGY DR. MS 514
O FALLON, MO 63368

DATES OF
PAYMENTS
AMOUNT PAID
OWING
\$3,726.00
\$360,000.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR DATE OF PAYMENT AMOUNT PAID OWING

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

PROCEEDING

CACH, LLC VS. LOURDES C. CARGILL

NATURE OF
PROCEEDING
AND LOCATION

ENCANTO JUSTICE COURT

Pending

CASE # CC2011-020543-RC

CLERK OF THE COURT
ONE WEST MADISON
PHOENIX, AZ 85003

CACH, LLC VS. LOURDES C. CARGILL Civil HASSAYAMPA JUSTICE COURT Pending

DATE OF SEIZURE

CASE # CC2011-067272 14264 WEST TIERRA BUENA LANE

SURPRISE, AZ 85374

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE

BENEFIT PROPERTY WAS SEIZED

CHILD SUPPORT 2010

DESCRIPTION AND VALUE OF

PROPERTY

010 GARNISHMENT - \$2250

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

CITIMORTGAGE 1000 TECHNOLOGY DR. MS 514 O FALLON, MO 63368 DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN 6/10

DESCRIPTION AND VALUE OF PROPERTY

1721 W, OSBORN ROAD, PHOENIX, AZ 85015

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,895.00

DAVID WROBLEWSKI & ASSOCIATES 20 E. THOMAS RD., SUITE 2600 Phoenix, AZ 85012

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

 Γ RANSFER(S) IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

LOCATION OF PROPERTY

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER RITA MCCARTAN 10854 W BOSWELL RD Sun City, AZ 85373

DESCRIPTION AND VALUE OF PROPERTY

2001 MAZDA PICKUP B300 Debtor's Residence

\$2975

DEBTOR BORROWING CAR, CAR INSURED

ON DEBTOR'S POLICY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF SITE NAME AND ADDRESS

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT

NOTICE

LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NAME LUKEENLU, LLC (ITIN)/ COMPLETE EIN

32-0164119

ADDRESS 510 BASS ROAD

Wickenburg, AZ 85390

NATURE OF BUSINESS **ENDING DATES**

RENTAL PROPERTY

2005-2010

BEGINNING AND

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b. List the na

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ALFRED KEEN ADDRESS
748 SHAW BLVD., SOHO
CENTRAL TOWER #3905
MANDALUYONG CITY - PHILIPPINES

DATE OF WITHDRAWAL

2010

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	May 17, 2011	Signature	/s/ EDWARD K. CARGILL	
			EDWARD K. CARGILL	
			Debtor	
Date	May 17, 2011	Signature	/s/ LOURDES C. CARGILL	
			LOURDES C. CARGILL	
			Joint Debtor	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Property is (check one):

Claimed as Exempt

United States Bankruptcy Court District of Arizona

In re	EDWARD K. CARGILL LOURDES C. CARGILL			Case No.	
]	Debtor(s)	Chapter	7
PART	CHAPTER 7 INDIV A - Debts secured by property of the property of the estate. Attach addit	e estate. (Part A n	nust be fully con		
Proper	ty No. 1				
	or's Name: ICAS SERVICING CO.			rty Securing Debt 7 RESIDENCE: 51 AZ 85390	
Proper	ty will be (check one):				
	Surrendered	☐ Retained			
	ning the property, I intend to (check at le Redeem the property Reaffirm the debt	east one):			

☐ Not claimed as exempt

☐ Other. Explain ______ (for example, avoid lien using 11 U.S.C. § 522(f)).

B8 (Form 8) (12/08) Page 2 Property No. 2 Creditor's Name: **Describe Property Securing Debt: CHASE MORTGAGE** SINGLE FAMILY RESIDENCE: Location: 24434 W, QUAILS NEST LANE, WITTMANN AZ 85361 Property will be (check one): ☐ Surrendered ■ Retained If retaining the property, I intend to (check at least one): ☐ Redeem the property ☐ Reaffirm the debt ■ Other. Explain **RETAIN AND CONTINUE TO MAKE PAYMENTS** (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): ■ Claimed as Exempt ☐ Not claimed as exempt PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.) Property No. 1 Lessor's Name: **Describe Leased Property:** Lease will be Assumed pursuant to 11 CELLULAR PHONE CONTRACT, **VERIZON** U.S.C. § 365(p)(2): **EXPIRES 4/13** YES □ NO

B8 (Form 8) (12/08) Page 3

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date May 17, 2011

Signature /s/ EDWARD K. CARGILL

EDWARD K. CARGILL

Debtor

Date May 17, 2011

Signature /s/ LOURDES C. CARGILL

LOURDES C. CARGILL

Joint Debtor

United States Bankruptcy Court

		District of Arizona	00410	
In re	EDWARD K. CARGILL LOURDES C. CARGILL		Case No.	
mic	LOURDES C. CARGILL	Debtor(s)	Chapter	7
	DISCLOSURE OF	F COMPENSATION OF ATTO	ORNEY FOR D	EBTOR(S)
co	mpensation paid to me within one year	Bankruptcy Rule 2016(b), I certify that I r before the filing of the petition in bankrupt contemplation of or in connection with the b	tcy, or agreed to be pa	aid to me, for services rendered or to
	For legal services, I have agreed to a	accept	\$	1,895.00
	Prior to the filing of this statement I	have received	\$	1,895.00
	Balance Due		\$	0.00
2. \$_	299.00 of the filing fee has been p	paid.		
3. Th	ne source of the compensation paid to n	ne was:		
	■ Debtor □ Other (specify	·y):		
4. Th	ne source of compensation to be paid to	me is:		
	■ Debtor □ Other (specify	y):		
5. I	I have not agreed to share the above-	disclosed compensation with any other person	on unless they are mer	nbers and associates of my law firm.
	copy of the agreement, together with	losed compensation with a person or persons a list of the names of the people sharing in the averagreed to render legal service for all aspe	he compensation is at	ached.
a. b. c.	Analysis of the debtor's financial situal Preparation and filing of any petition, Representation of the debtor at the me [Other provisions as needed] Negotiations with secured reaffirmation agreements a 522(f)(2)(A) for avoidance of \$\$^*\$* \$95.00 (if individual cassutilized by the firm to pay for the secure of the secure	ation, and rendering advice to the debtor in d schedules, statement of affairs and plan whi- beeting of creditors and confirmation hearing, creditors to reduce to market value; eand applications as needed; preparation of liens on household goods. se) and up to \$110 (if joint case) of the or Debtor to complete the Credit Cour .C. Sections 109(h) and 521(b). ***	etermining whether to ch may be required; and any adjourned he exemption planning on and filing of mo	o file a petition in bankruptcy; arings thereof; g; preparation and filing of tions pursuant to 11 USC Phillips & Associates were
7. By	Representation of the debt	ve-disclosed fee does not include the followi ors in any dischargeability actions, judeding. 2 2004 Examination requested by a cre	dicial lien avoidan	-
		CERTIFICATION		
	pertify that the foregoing is a complete subtruptcy proceeding.	statement of any agreement or arrangement for	or payment to me for	representation of the debtor(s) in
Dated:	May 17, 2011	/s/ JONATHAN		
		JONATHAN ELO	GART 024375	

DAVID WROBLEWSKI & ASSOCIATES, P.C.

20 EAST THOMAS ROAD

PHOENIX, AZ 85012

SUITE 2400

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

UNITED STATES BANKRUPTCY COURT DISTRICT OF ARIZONA

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court District of Arizona

In re	EDWARD K. CARGILL LOURDES C. CARGILL		Case No.			
		Debtor(s)	Chapter	7		
	CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER 8 342(b) OF THE BANKRUPTCY CODE					

Certification of Debtor

UNDER § 342(b) OF THE BANKRUPTCY

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

EDWARD K. CARGILL LOURDES C. CARGILL	X /s/ EDWARD K. CARGILL	May 17, 2011
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)	√ /s/ LOURDES C. CARGILL	May 17, 2011
	Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court District of Arizona

In re	EDWARD K. CARGILL LOURDES C. CARGILL		Case No.	
	EGGREEG G. GARROLEE	Debtor(s)	Chapter	7
		DECLARATION		
	We, EDWARD K. CARGILL and LO	URDES C. CARGILL, do hereby certify	, under penalty of	f perjury, that the Master
Mailin	g List, consisting of sheet(s), is co	omplete, correct and consistent with the	debtor(s)' schedul	es.
Date:	May 17, 2011	/s/ EDWARD K. CARGILL		
		EDWARD K. CARGILL		
		Signature of Debtor		
Date:	May 17, 2011	/s/ LOURDES C. CARGILL		
		LOURDES C. CARGILL		
		Signature of Debtor		
Date:	May 17, 2011	/s/ JONATHAN ELGART		
		Signature of Attorney		
		JONATHAN ELGART 024375		
		DAVID WROBLEWSKI & ASS 20 EAST THOMAS ROAD	OCIATES, P.C.	
		SUITE 2400		

PHOENIX, AZ 85012

ALLIED INTERSTATE CONSUMER SERVICE DEPARTMENT PO BOX 361774 COLUMBUS OH 43236

ALLIED INTERSTATE INC 435 FORD RD STE 800 MINNEAPOLIS MN 55426-1066

AMERICAN EXPRESS C/O PHILLIPS & COHEN ASSOCIATES, LTD. 258 CHAPMAN RD. #205 NEWARK DE 19702-5446

AMERICAS SERVICING CO. P.O. BOX 60768 LOS ANGELES CA 90060-0768

ARIZONA CENTER FOR HAND SURGERY PO BOX 7587 PHOENIX AZ 85011

ARROW FINANCIAL SERVICES-GE MONEY 5996 W TOUHY AVE NILES IL 60714-4610

ASC P.O. BOX 60768 LOS ANGELES CA 90060

BANNER GOOD SAMARITAN MEDICAL CENTER PO BOX 18 PHOENIX AZ 85001

BUREAU OF MEDICAL ECONOMICS 326 EAST CORONADO ROAD PHOENIX AZ 85004

CACH LLC 370 17TH STREET STE 5000 DENVER CO 80202

CAPITAL MANAGEMENT SERVICES 700 EXECUTIVE CENTER DR., SUITE 300 GREENVILLE SC 29615

CAPITAL ONE 15000 CAPITAL ONE DR RICHMOND VA 23238

CBE GROUP 131 TOWER PARK DR. STE 100 PO BOX 2635 WATERLOO IA 50704-2635

CHASE
CARDMEMBER SERVICE
P.O. BOX 94014
PALATINE IL 60094-4014

CHASE ACCOUNT INQUIRIES PO BOX 15298 WILMINGTON DE 19850-5298

CHASE MORTGAGE P.O. BOX 78420 PHOENIX AZ 85062-8420

CITI BANKRUPTCY DEPARTMENT 7920 NW 110TH STREET KANSAS CITY MO 64153

CITIMORTGAGE 1000 TECHNOLOGY DR. MS 514 O FALLON MO 63368

CLIENT SERVICES 3451 HARRY TRUMAN BLVD. SAINT CHARLES MO 63301

CLIENT SERVICES/CITICARDS PO BOX 1503 SAINT PETERS MO 63376-0027

COLLECTION SERVICE BUREAU P.O. BOX 310 SCOTTSDALE AZ 85252-0310

D. MICHAEL DENDY 110 VETERANS BLVD, #560 METAIRIE LA 70005

DAWN J. MCGINNIS, MD P O BOX 36680 PHOENIX AZ 85067-6680

DESERT VISTA MEDICAL ASSOCIATES 10900 N SCOTTSDALE RD #603 SCOTTSDALE AZ 85254

DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON DE 19850-5316

ENCORE RECEIVABLE MANAGEMENT PO BOX 1880 SOUTHGATE MI 48195

FMA ALLIANCE LTD PO BOX 2409 HOUSTON TX 77252-2409

HSBC

ATTN: BANKRUPTCY DEPARTMENT PO BOX 5213 CAROL STREAM IL 60197

HSBC BANK PO BOX 15521 WILMINGTON DE 19850

JAMES A. WEST, P.C. 11111 HARWIN DR HOUSTON TX 77072-1612

JOHN P. FRYE, PC PO BOX 13665 ROANOKE VA 24036-3665

LAW OFFICE JOE PEZZUTO LLC 4013 E. BROADWAY RD., SUITE A-2 PHOENIX AZ 85040

LAW OFFICES OF DAVID SEAN DUFEK 2655 CAMINO DEL RIO NORTH SUITE 110 SAN DIEGO CA 92108

LAW OFFICES OF ED OVERCASH, LLC 33 VILLA ROAD, SUITE 401 GREENVILLE SC 29615

LEADING EDGE RECOVERY 5440 N CUMBERLAND AVE STE 300 CHICAGO IL 60656-1490

MIDLAND CREDIT MANAGEMENT DEPARTMENT 8870 LOS ANGELES CA 90084-8870

MONARCH RECOVERY MANAGEMENT, INC 10965 DECATUR ROAD PHILADELPHIA PA 19154

NATIONWIDE CREDIT PO BOX 740640 ATLANTA GA 30374-0640

NATIONWIDE CREDIT 2015 VAUGHN RD NW BLD 400 KENNESAW GA 30144-7801

NCO FINANCIAL PO BOX 15740 WILMINGTON DE 19850-5740

NCO FINANCIAL SYSTEMS, INC. 1804 WASHINGTON BLVD. DEPT. 500 BALTIMORE MD 21230

NELSON, WATSON & ASSOCIATES LLC PO BOX 1299 HAVERHILL MA 01831 NORTHLAND GROUP
PO BOX 390846
MAILE CODE TB1
MINNEAPOLIS MN 55439

REDLINE RECOVERY
11675 RAINWATER DRIVE
SUITE 350
ALPHARETTA GA 30009-8693

ROGERS LAW OFFICE 13057 W CENTER RD SUITE 5 OMAHA NE 68144

SENTRY CREDIT, INC 2809 GRAND AVE EVERETT WA 98201

SHELL/CITI
BANKRUPTCY DEPARTMENT
P O BOX 20374
KANSAS CITY MO 64195

THD/CBSD P. O. BOX 6003 HAGERSTOWN MD 21747

UNITED RECOVERY SYSTEMS P.O. BOX 722929 HOUSTON TX 77272-2929

UNTIED RECOVERY SYSTEMS, LP 5800 N COURSE DR HOUSTON TX 77072

WELLS FARGO P.O. BOX 9210 DES MOINES IA 50306

In re	EDWARD K. CARGILL LOURDES C. CARGILL	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

		Part II. CALCULATION OF M	ON	NTHLY INCO	ME	FOR § 707(b)(7	7) I	EXCLUSION		
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balance	ce of	this part of this state	mei	nt as directed.		
	a. 🗆	l Unmarried. Complete only Column A ("De	ebto	or's Income'') for I	Line	s 3-11.				
	b. □	Married, not filing jointly, with declaration	of se	eparate households	. Ву	checking this box, de	ebto	or declares under	per	alty of perjury:
		'My spouse and I are legally separated under								
2		purpose of evading the requirements of § 707	(b)(2	2)(A) of the Bankru	uptcy	y Code." Complete o	nly	column A ("Del	btoı	's Income'')
		For Lines 3-11.							_	
		Married, not filing jointly, without the declar					ab	ove. Complete b	oth	Column A
		"Debtor's Income") and Column B ("Spou								
		Married, filing jointly. Complete both Colu					Spo	ouse's Income")	for	Lines 3-11.
		gures must reflect average monthly income re						Column A		Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the							Debtor's		Spouse's
		onth total by six, and enter the result on the a			, you	must divide the		Income		Income
3		s wages, salary, tips, bonuses, overtime, cor					\$	3,314.09	\$	0.00
		ne from the operation of a business, profess			Line	e b from Line a and	Ψ	5,514.05	Ψ	0.00
		the difference in the appropriate column(s) of								
		ess, profession or farm, enter aggregate numb								
	not en	nter a number less than zero. Do not include								
4	Line	b as a deduction in Part V.								
		1 = .	_	Debtor	_	Spouse				
	a.	Gross receipts	\$	0.00	\$	0.00				
	b. c.	Ordinary and necessary business expenses Business income	\$	0.00 btract Line b from		0.00	\$	0.00	Φ	0.00
			•				Ф	0.00	Ф	0.00
		s and other real property income. Subtract								
		oppropriate column(s) of Line 5. Do not enter of the operating expenses entered on Line by								
5	part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse									
	a.	Gross receipts	\$	0.00	\$	0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00				
	c.	Rent and other real property income	Su	btract Line b from	Line	e a	\$	0.00	\$	0.00
6	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
7	Pensi	on and retirement income.					\$	0.00	\$	0.00
	Any amounts paid by another person or entity, on a regular basis, for the household									
		nses of the debtor or the debtor's dependen								
8		ose. Do not include alimony or separate main								
	spouse if Column B is completed. Each regular payment should be reported in only one column;						\$	0.00	Ф	0.00
		ayment is listed in Column A, do not report the	_	•			Ф	0.00	Ф	0.00
		inployment compensation. Enter the amount in								
	However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A									
9		but instead state the amount in the space belo		nount of such comp	POIIS	action in Column 71				
		mployment compensation claimed to								
		benefit under the Social Security Act Debto	r \$	0.00 Sp	ouse	\$ 0.00	\$	0.00	\$	683.33
	Incon	ne from all other sources. Specify source an	d an	nount. If necessary	, list	additional sources				
		eparate page. Do not include alimony or sep								
	spouse if Column B is completed, but include all other payments of alimony or separate									
		maintenance. Do not include any benefits received under the Social Security Act or payments								
10	received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.									
-	dome	sue terrorism.		Debtor	1	Spouse				
	a.		\$	DCOIOI	\$	Spouse				
	b.		\$		\$					
	Total and enter on Line 10					\$	0.00	\$	0.00	
11		otal of Current Monthly Income for § 707(l	o)(7)	• Add Lines 3 thru	10 i	n Column A, and, if				2.00
11		nn B is completed, add Lines 3 through 10 in					\$	3,314.09	\$	683.33

\$	47,969.04				
\$	55,404.00				
■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					
ic	\$ \$ oes no				

 $Complete\ Parts\ IV,\ V,\ VI,\ and\ VII\ of\ this\ statement\ only\ if\ required.\ (See\ Line\ 15.)$

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zero a. b. c. d. Total and enter on Line 17	regular basis for the how the basis for exclusupport of persons oburpose. If necessary,	ouseho ding th ther tha	ld expenses of the debtor or e Column B income (such a n the debtor or the debtor's of	the debtor's s payment of the dependents) and the	\$
18	Current monthly income for § 70'	7(b)(2). Subtract Line	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION (OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	ndard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older					
	a1. Allowance per personb1. Number of persons		a2. b2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	Local Standards: housing and util Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	xpenses for the applic from the clerk of the allowed as exemption	cable co bankrup	ounty and family size. (This otcy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Endousing and Utilities Standards; mortgage/rent expense for your cour available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your feany additional dependents whom you support); enter on Line be the tot debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rental expense Average Monthly Payment for any debts secured by your			
	home, if any, as stated in Line 42	\$		
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are enti Standards, enter any additional amount to which you contend you are contention in the space below:	\$		
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.			
22A	Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 8.	ses or for which the operating expenses are		
	□ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amort Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/6	\$		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.			
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$		
	b. 1, as stated in Line 42	\$		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Averag Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.			
	a. IRS Transportation Standards, Ownership Costs	\$		
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$		
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.			
25	Other Necessary Expenses: taxes. Enter the total average monthly e state and local taxes, other than real estate and sales taxes, such as inc security taxes, and Medicare taxes. Do not include real estate or sales	ome taxes, self employment taxes, social	\$	

Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payfol defactions that are required for your employment, such as retirement confirtiuntions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 40(4s) contributions. Other Necessary Expenses: life insurance. Finer total average monthly premiums that you actually pay for term life insurances for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: childcare actually expend or education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, marsery and preachool, Do not include other educational payments. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is no reimbursed by insurance or paid by a health service account, and that is in excess of the amount entered in Line 19th. Do not include payments for health insurance or bealth savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly expenses, or	deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for	
life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	27 life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for	
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. 30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. S Other Necessary Expenses: that he care. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. S Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually expend on beautiful payments for health insurance or healths of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account is litted in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services ofter than your basis home telephone and cell phone service such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 3 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for		
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public clucation providing similar services is available. 30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare such as beby-siting, day care, nursery and preschool. Do not include other educational payments. \$ Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or piably a health savings account and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. 31 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services. Enter the total average monthly amount but you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pages, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. 4	pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not	
childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in hines ace below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: S Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expen	the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education	
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by instruction of the payments for health insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you acquisitely pay for telecommunication services of the thin your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines are below that are reasonably necessary for yourself, your spouse, or your dependents. A		
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. \$ Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not	
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. A	actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and	
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. A	33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	
the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance		
a. Health Insurance \$ b. Disability Insurance \$ c. Health Savings Account \$ Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$	the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	
C. Health Savings Account \$ \$ Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. \$ Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. \$	a. Health Insurance \$	
Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	b. Disability Insurance \$	
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	c. Health Savings Account \$	
Solution	Total and enter on Line 34.	
expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. \$ Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	below:	
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necessary and not already accounted for in the IRS Standards.	actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			s. Enter the amount that you will continorganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Total	l Additional Expense Deducti	ons under § 707(b). Enter the total of I	Lines 34 throu	ıgh 40		\$
			Subpart C: Deductions for De	bt Paymer	ıt		
42	own, and c amou banks	list the name of the creditor, ic heck whether the payment incl ints scheduled as contractually	ns. For each of your debts that is secured dentify the property securing the debt, an udes taxes or insurance. The Average M due to each Secured Creditor in the 60 mecessary, list additional entries on a septendary.	d state the Avonthly Paymononths follow	verage Ment is the ving the	Monthly Payment, e total of all filing of the	
		Name of Creditor	Property Securing the Debt	Average M	Monthly Payment	or insurance?	
	a.			Total: Ad	d Lines	□yes □no	\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount						
					Т	otal: Add Lines	\$
44	priori	ity tax, child support and alimo	claims. Enter the total amount, divided by ony claims, for which you were liable at the chast hose set out in Line 28.				\$
			es. If you are eligible to file a case under by the amount in line b, and enter the res				
45	a. b.	issued by the Executive Off information is available at very the bankruptcy court.)	district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	x	:11 :		e
16	C.		ative expense of Chapter 13 case	Total: Mult	іріу Еш	es a and b	\$
40	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$	
			Subpart D: Total Deductions f				٥
47	Tota		der § 707(b)(2). Enter the total of Lines				\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION							
48		•	Surrent monthly income for § 707(b)(2)	-			\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50			§ 707(b)(2). Subtract Line 49 from Line				\$
51	60-m result		r § 707(b)(2). Multiply the amount in Li	ne 50 by the	number	60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as dir	ected.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "statement, and complete the verification in Part VIII. You may also complete Par						
	$\hfill\Box$ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co	mplete the remainder of Part VI (L	Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	r 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed a	s directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box to of this statement, and complete the verification in Part VIII.	for "The presumption does not aris	e" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may a	Check the box for "The presumpti llso complete Part VII.	on arises" at the top				
	Part VII. ADDITIONAL EXPENSE CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All fit each item. Total the expenses.	your current monthly income und	er §				
	Expense Description	Monthly Amou	nt				
	a	\$	_				
	b.	\$ \$	_				
	c.	\$	\dashv				
	Total: Add Lines a, b, c, and d	\$					
	Part VIII. VERIFICATION	N .					
	I declare under penalty of perjury that the information provided in this statement is	s true and correct. (If this is a join	it case, both debtors				
	must sign.) Date: May 17, 2011 Signatur	e: /s/ EDWARD K. CARGILL					
57	Date. May 11, 2011 Signatur	EDWARD K. CARGILL					
		(Debtor)					
	Date: May 17, 2011 Signatur	e /s/ LOURDES C. CARGILL	_				
		LOURDES C. CARGILL	<u>:</u>				
		(Joint Debtor, if an	ıy)				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2010 to 04/30/2011.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **SEARS**

Income by Month:

6 Months Ago:	11/2010	\$3,246.31
5 Months Ago:	12/2010	\$3,154.87
4 Months Ago:	01/2011	\$2,995.52
3 Months Ago:	02/2011	\$3,929.00
2 Months Ago:	03/2011	\$2,664.00
Last Month:	04/2011	\$3,894.81
	Average per month:	\$3,314.09

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 11/01/2010 to 04/30/2011.

Line 9 - Unemployment compensation (included in CMI)

Source of Income: **UNEMPLOYMENT**

Income by Month:

6 Months Ago:	11/2010	\$656.00
5 Months Ago:	12/2010	\$656.00
4 Months Ago:	01/2011	\$820.00
3 Months Ago:	02/2011	\$656.00
2 Months Ago:	03/2011	\$656.00
Last Month:	04/2011	\$656.00
	Average per month:	\$683.33

Non-CMI - Social Security Act Income Source of Income: SOCIAL SECURITY Constant income of \$649.00 per month.